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. Effe	ective October 1,	2001		107	4933	2	j
CLAIMS	AS FILED - PAR	TI	SMAI	LENTITY			4
TAL CLAIMS	(Column 1)	(Column 2)				HER THAN ALL ENTITY	
			RAT	E FEE	RA	TE FEE,	
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AT CHARGEABLE CLAIMS	alnus 20-	. 9	XSS		OR XS1		1
PENDENT CLAIMS	3 drug 3 =	0	X42		1"	-162	P
TIPLE DEPENDENT CLAIM I	PRESËM	. 0		-	OR X		4
e difference in column 1 is	less than zem, ente	of TO' In column 2	+140	3	OR +280	10	
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(Cotumn 1)	52.00	IT I! mn 2) (Column 3	n RMAI	LENTITY	OR SMAL	ERTHAN	1
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tes . 29	Minus es	-9	X3 9=	FEE		FEE	ł
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	nus ee L		X42		100		
PRESENTATION OF MULT	PLE DEPENDENT CO	AIM		OR OR	A045		
by in column 1 is less than the in	dy in column 2, write for	la columa S	+140=	OR.	+280a		
Check Number Previously Past S	OF IN THIS SPACE & les	s than 20, uter 30.	ADDIT. FEE	OR	ADOIT, FEE	50.	P
hest Humber Previously Paid For	(Tatal or Independent)	th highest number fo	und in the appro	prists box in or	Aumn f.		V
Stat BOIL				Office, V.A. DE			